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CONFIRMATION NO. 8977

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/687,281 | FILING OR 371(c) DATE 10/16/2003 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. G30-014 | |
| APPLICANTS Naomi L. Nakao, New York, NY; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>MFD</i> Examiner's Signature Initials | | STATE OR COUNTRY NY | SHEETS DRAWING 7 | TOTAL CLAIMS 38 31 | INDEPENDENT CLAIMS 4 |
| ADDRESS R. Neil Sudol 714 Colorado Avenue Bridgeport, CO06605-1601 | | | | | |
| TITLE MEDICAL SNARE LOOP WITH INDENTATIONS FOR CHANGING EFFECTIVE SIZE OF LOOP AND ASSOCIATED METHOD | | | | | |
| FILING FEE RECEIVED 590 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |